

Healing Lakes Chiropractic Massage Client Intake Form

Name _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

Emergency Contact _____

Phone Number _____

Date of Birth: _____

Email: _____

Please carefully read the following information and sign where indicated. Massage/bodywork may be harmful to you if you have a specific illness. A referral from your Physician may be required prior to service being provided. If you answer “yes” to any of the following questions, please explain on the back of this paper.

1. Do you suffer from stress frequently? Y / N
2. Do you have diabetes? Y / N
3. Do you experience frequent headaches? Y / N
4. Are you or could you be pregnant? Y / N
5. Do you suffer from arthritis? Y / N
6. Are you wearing contacts? Y / N
7. Do you have high blood pressure? Y / N
If yes, do you take medication for it? Y / N
8. Do you suffer from varicose veins? Y / N
9. Do you have epilepsy or seizures? Y / N
10. Do you have a contagious disease? Y / N
11. Do you have allergies? Y / N
12. Have you broken any bones in the past two years? Y / N
13. Have you been in an accident or had any injuries in the past two years? Y / N
14. Do you suffer from back pain? Y / N
If yes, where? Circle all that apply: Upper back, Middle back, Lower back
15. Do you have any soreness in a specific area? _____

16. Are you sensitive to touch or pressure in any area? _____

17. Do you suffer from heart or circulation problems? Y / N

18. Have you ever had surgery? Y / N

For what? _____

19. Do you have any other medical conditions or are you taking any medication I should know about? _____

PLEASE READ CAREFULLY

I understand that massage/bodywork is for relaxation and muscle tension relief. If I experience any pain or discomfort during this or any session, I will immediately inform the practitioner so the strokes or pressure can be adjusted. I further understand that massage or bodywork should not be construed as a substitute from medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/body work should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all the questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I also understand that sexual harassment will end in termination of my massage.

Signature _____

Date _____

Practitioner signature _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent/Guardian _____ Date _____

Cancellation and No Show Policy

A **\$65 fee** will be charged to your account for any visits that were not canceled **prior to 3 hours** before your appointment.

Please **initial** that you have read and understand this policy _____